Department of Labor & Industries Div. of Industrial Safety & Health PO Box 44655 Olympia WA 98504-4655



APPLICATION FOR STATE OF WASHINGTON CHARTER BOAT OPERATORS LICENSE

Name of Applicant	Name of Applicant		Date of birth
Mailing address			
City		State ZIP+4	
Drivers License number	Social Security number	Body of water operating on	
STATEMEN	NT OF EXPER	IENCE FOR BO	OAT OPERATION
Vessel Name and Official Numbers	Vessel Class	Tonnage	# Hours of Operation
		· ·	
ve you ever held a United States I	icense as master, mate, pilot or	engineer of vessels? Yes	No
es, state the kind of license last he	eld, when issued, what title did	you hold, and the port where issued	d.
s the last license held by suspended or revoked? Yes	No If suspended the port whe	or revoked, state "suspended" or tree the inspectors who acted on the	"revoked", when suspended or revoke license were located, and the cause.
	·		·
e, the undersigned, do certify from			usted with the duties of the station for
ich he/she makes application. Name (print & sign)	Address & Phone	-	Occupation

ATTACH COMPLETED PHYSICAL EXAMINATION WITH COLOR VISION.